



FY 2015-16 Plan Year

# MONTHLY RATES

(July 1, 2015-June 30, 2016)

Premium deductions listed below are taken directly from your paycheck.

## FY 2015-16 Dental Plans

Dental Plans	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse + Child(ren)	
	Cost State Covers	Your Cost	Cost State Covers	Your Cost	Cost State Covers	Your Cost	Cost State Covers	Your Cost
Delta Dental Basic	\$25.92	\$4.28	\$42.62	\$15.76	\$46.44	\$14.76	\$62.22	\$27.14
Delta Dental Basic Plus	\$25.92	\$18.38	\$42.62	\$43.92	\$46.44	\$44.32	\$62.22	\$70.80

This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available at [colorado.gov/dhr/benefits](http://colorado.gov/dhr/benefits) and sent to your department's benefits, payroll, and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute. Revised March 2015.

